

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/526441

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT				AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	
	1						51				
2							52				
3							53				
4							54				
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44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				